



**Texas Commission on Environmental Quality  
Federal Operating Permit Program  
Site Information Summary  
Form OP-1 Instructions**

Owners or operators of a site required to obtain a federal operating permit (FOP), in accordance with Title 30 Texas Administrative Code Chapter 122 (30 TAC Chapter 122), must complete and submit an FOP application to the Texas Commission on Environmental Quality (TCEQ), Office of Permitting and Registration, Air Permits Division (APD), and a copy must be submitted to the appropriate TCEQ regional office. There are three types of FOPs, and they are as follows: site operating permit (SOP), temporary operating permit (TOP), and general operating permit (GOP). Information on these permit types can be found on the TCEQ website at [www.tceq.state.tx.us/permitting/air/titlev/permit\\_types.html](http://www.tceq.state.tx.us/permitting/air/titlev/permit_types.html).

**For submissions to EPA:**

EPA Region 6 office has requested that all applications submitted to EPA be provided in electronic format. Microsoft Word for text, Excel for spreadsheets, and a searchable Adobe Acrobat (pdf) file are the preferred formats. Do not submit any files with an “.exe” extension or confidential information.

All additional application updates should be submitted to EPA at [R6AirPermits@epa.gov](mailto:R6AirPermits@epa.gov). Identify the associated permit number when submitting information.

Please contact Ms. Bonnie Braganza ([braganza.bonnie@epa.gov](mailto:braganza.bonnie@epa.gov)) at (214) 665-7340 or Ms. Stephanie Kordzi ([kordzi.stephanie@epa.gov](mailto:kordzi.stephanie@epa.gov)) at (214) 665-7520 if you have any questions pertaining to electronic submittals.

**General:**

The purpose of this form is to provide general information regarding the company, site, and area for which an FOP application is being submitted. **This form is required for all initial and renewal FOP applications.** This form is only required for FOP revision applications if the information on this form has changed. FOP revision and renewal applications must include Form OP-2 (Application for Permit Revision/Renewal), at a minimum.

Note: For a change of company name or ownership only, submit TCEQ Form Number 20405. Form OP-1 is not required.

For initial FOP issuance only, an abbreviated application (at a minimum) must be submitted in accordance with 30 TAC § 122.130. An abbreviated application consists of Form OP-1 (Site Information Summary), Form OP-CRO1 (Certification by Responsible Official), and a TCEQ Core Data Form. In accordance with 30 TAC § 122.130, the executive director will inform the applicant in writing of the deadline for submitting the remaining application information (full application).

Information regarding SOP application requirements can be found on TCEQ's Air Site Operating Permit Guidance webpage located at [www.tceq.state.tx.us/permitting/air/guidance/titlev/tv\\_site\\_guidance.html](http://www.tceq.state.tx.us/permitting/air/guidance/titlev/tv_site_guidance.html). Information regarding GOP application requirements can be found on TCEQ's Air General Operating Permit Guidance webpage located at [www.tceq.state.tx.us/permitting/air/guidance/titlev/tv\\_gop\\_guidance.html](http://www.tceq.state.tx.us/permitting/air/guidance/titlev/tv_gop_guidance.html).

Submitting a timely and complete application, as defined in 30 TAC §§ 122.133 and 122.134, is critical and allows the applicant to receive the benefit of an application shield, as defined in 30 TAC § 122.138. The application shield serves as authorization to operate the site until final action is taken on the application. **Failure to supply any information requested by the TCEQ, pursuant to the application review, may result in loss of the application shield.**

The responses to most data elements in Form OP-1 are limited in some way. **Responses not made according to the instructions may result in delays in this or other permitting actions.**

- 1) Some responses have a character limit. (Example: “Company Name,” maximum 50 characters.) The responses may consist of characters, digits, or a combination of the two. When appropriate, common abbreviations can be used to fit a response into the space allotted.
- 2) Some responses are limited to “YES” or “NO” and in some cases “N/A” for “not applicable.” Applicants must select one of these options. “N/A” is an acceptable response only when it is stated in the instructions for the question.
- 3) Some responses must be in a specific format. (Examples: Dates, MM/DD/YYYY; Latitude/Longitude, DDD:MM:SS.)
- 4) Some responses are limited to a set of mutually exclusive response options, and selections are recorded by placing an “X” in the box next to the appropriate response. (Example: “Permit Type”.)

The TCEQ requires that a Core Data Form be submitted on all incoming registrations unless a Regulated Entity and Customer Reference Number have been issued by the TCEQ and no core data information has changed. For more information regarding the Core Data Form, call (512) 239-5175 or go to the TCEQ Web site at: [www.tceq.state.tx.us/permitting/central\\_registry/guidance.html](http://www.tceq.state.tx.us/permitting/central_registry/guidance.html).

### **Specific:**

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## **I. COMPANY IDENTIFYING INFORMATION**

- A. **Company Name:** Enter the name of the company for which the application is being submitted (maximum 50 characters). The company name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company. The company name on this form and the TCEQ Core Data Form should match.
- B. **Customer Reference Number (CN):** Enter the customer reference number (CNXXXXXXXXXX). This number is issued by the TCEQ as part of the central registry process. If a customer reference number has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.
- C. **Submittal Date:** Enter the date the application is being submitted by the applicant to the TCEQ (MM/DD/YYYY).

## **II. SITE INFORMATION**

- A. **Site Name:** Enter the name of the site for which the application is being submitted (maximum 50 characters). The Site Name on this form and the Regulated Entity Name listed in Section III of the TCEQ Core Data Form should match.

- B. **Regulated Entity Reference Number (RN):** Enter the regulated entity reference number for the site (RNXXXXXXXXXX). This number is issued by the TCEQ as part of the central registry process. If a regulated entity reference number has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.
- C. **Primary TCEQ Account Number for Site:** Enter the primary TCEQ account number for the site if issued (XX-XXXX-X). If an account number was not issued, leave this space blank.
- D. **Indicate Affected State(s) Required to Review Permit Application:** As stated in 30 TAC § 122.330(b), an affected state may be New Mexico (NM), Oklahoma (OK), Kansas (KS), Colorado (CO), Arkansas (AR), or Louisiana (LA) if the state's air quality may be affected by the issuance or denial of a federal operating permit, revision, or renewal; or that state is within **50 miles** of the site.

Place an "X" in the space to the right of the affected state(s) that is applicable. Place an "X" to the right of "N/A" if affected state review is not applicable.

GOP applications do not require affected state review. Therefore, all GOP applicants should place an "X" to the right of "N/A."

- E. **Indicate all pollutants for which the site is a major source based on the site's potential to emit:** Enter "YES" below all of the pollutants for which the site is classified as a major source, as defined in 30 TAC § 122.10, based on the site's potential to emit. Enter "NO" below all of the pollutants for which the site is not a major source. Do not leave any spaces blank.

The column "Other" is provided for listing of non-criteria regulated air pollutants for which a site is a major source. (Example: chlorinated compounds, inorganic acids) List the pollutant name in the space provided (maximum 20 characters). If there are none, enter "NO" in the space provided.

Further information regarding potential to emit can be found in the Potential to Emit Guidance, which is located on the TCEQ website at [www.tceq.state.tx.us/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.state.tx.us/permitting/air/guidance/titlev/tv_fop_guidance.html).

- F. **Is the Source a Non-Major Source Subject to the Federal Operating Permit Program?** Enter "YES" if the site is a non-major source (or area source) subject to the Federal Operating Permit Program. Otherwise, enter "NO". (Note that if the response to this question is "YES", then the responses to question II.E above should all be "NO".)
- G. **Is the Site Within a Local Program Area Jurisdiction?** Enter "YES" if the site is located within the jurisdiction of a local air pollution control program. Otherwise, enter "NO".

A list of local air pollution control programs is located on the TCEQ website at [www.tceq.state.tx.us/permitting/air/local\\_programs.html](http://www.tceq.state.tx.us/permitting/air/local_programs.html).

- H. **Will Emissions averaging be used to Comply with any Subpart of 40 CFR Part 63?** Enter “YES” if emissions averaging will be used by an affected source at the site to comply with any Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63) requirement, relating to National Emission Standards for Hazardous Air Pollutants for Source Categories that has been promulgated at the time of application submittal. Otherwise, enter “NO”.

Emissions averaging, as defined in 40 CFR § 63.2, is a way to comply with the emission limitations specified in a relevant standard, whereby an affected source, if allowed under a subpart of this part, may create emission credits by reducing emissions from specific points to a level below that required by the relevant standard, and those credits are used to offset emissions from points that are not controlled to the level required by the relevant standard.

- I. **Indicate the 40 CFR Part 63 Subpart(s) that will use Emissions Averaging:** If emissions averaging will be used by an affected source at the site to comply with any 40 CFR Part 63, enter the subpart designation (*Example: N, P, CC, KK*) in the boxes provided. Use a separate box for each subpart designation that will use emissions averaging. Enter “N/A” in the first box provided if emissions averaging will not be used.

### III. PERMIT TYPE:

- A. **Type of Permit Requested:** Indicate the type of permit for which this application is being submitted by placing an “X” in the space to the right of the selection (SOP, TOP, or GOP). Select only one response.

Information on the different permit types can be found on the TCEQ website at [www.tceq.state.tx.us/permitting/air/titlev/permit\\_types.html](http://www.tceq.state.tx.us/permitting/air/titlev/permit_types.html).

### IV. INITIAL APPLICATION INFORMATION (*Complete for Initial Issuance Applications only.*)

- A. **Is this Submittal an Abbreviated or Full Application?** Indicate the type of application (“Abbreviated” or “Full”) by placing an “X” in the space to the right of the selection.

Abbreviated applications must be submitted in accordance with 30 TAC § 122.130. An abbreviated application only includes Form OP-1, Form OP-CRO1 (Certification by Responsible Official), and the TCEQ Core Data Form. If the submitted application is not an abbreviated application, select “Full”.

- B. **If this is a Full Application, is this Submittal a Follow-up to an Abbreviated Application?** Enter “YES” if this submittal is a full application, which is being submitted in response to a request for follow-up information regarding an abbreviated application that was submitted earlier. If this submittal is a full application (Application Type = “Full”) *and no abbreviated application was submitted earlier*, enter “NO”. If this submittal is an abbreviated application (Application Type = “Abbreviated”), leave this space blank.

- C. **If this is an Abbreviated Application, is this an early submittal for a Combined SOP and Acid Rain/CAIR permit?** Enter “YES” if this submittal is an early submittal for a combined SOP and Acid Rain/Clean Air Interstate Rule (CAIR) permit. Enter “NO” if this submittal is not an early submittal for a combined SOP and Acid Rain/CAIR permit. If this submittal is a full application (Application Type = “Full”), leave this space blank.

- D. **Has a copy of this application been submitted (or is being submitted) to EPA at [R6AirPermits@EPA.gov](mailto:R6AirPermits@EPA.gov)?** Enter "YES" if a copy of this application has been submitted (or is being submitted) to EPA. If not, enter "NO". (See "For submissions to EPA" above for additional information.)

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## V. CONFIDENTIAL INFORMATION

- A. **Is confidential information submitted in conjunction with this application?** Enter "YES" if any confidential information is being submitted in conjunction with this application. Otherwise, enter "NO". All confidential information must be submitted according to the TCEQ guidance located at [www.tceq.state.tx.us/permitting/air/titlev/apps\\_timelines.html#confidential](http://www.tceq.state.tx.us/permitting/air/titlev/apps_timelines.html#confidential).

## VI. RESPONSIBLE OFFICIAL (RO) IDENTIFYING INFORMATION

The RO must be listed in this section even if the duties will be delegated to a Duly Authorized Representative (DAR). The DAR information should be provided on the Form OP-DEL (Delegation of Responsible Official). Additional information on Responsible Official and Certification can be found on the TCEQ website at [www.tceq.state.tx.us/permitting/air/titlev/ro\\_and\\_certs.html](http://www.tceq.state.tx.us/permitting/air/titlev/ro_and_certs.html).

*Note: For change of RO and RO information, Form OP-CRO2 (Change of Responsible Official) must be submitted to the TCEQ.*

- A. **RO Name:** Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the RO pursuant to 30 TAC § 122.132(e) and 30 TAC § 122.165 (Last Name, First Name, MI; maximum 25 characters).
- B. **RO Title:** Enter the title of the RO (maximum 25 characters).
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the RO (maximum 50 characters). The company or firm name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company or firm.
- D. **Mailing Address:** Enter the RO mailing address, including city, state, and ZIP Code (mailing address maximum 50 characters and city maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP Code.
- E. **Internal Mail Code:** Enter the internal mail code that is part of the mailing address, if applicable (maximum 10 characters).
- F. **Telephone:** Enter the RO telephone number with area code.
- G. **Fax:** Enter the RO fax number with area code.
- H. **E-mail:** Enter the electronic mail address for the RO (maximum 30 characters). Leave blank if the electronic mail address is not available or electronic mail is not used.

**VII. TECHNICAL CONTACT IDENTIFYING INFORMATION** *(Complete if different from RO information.)*

- A. **Technical Contact Name:** Place an “X” next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the technical contact for this application, if different from the RO (Last Name, First Name, MI; maximum 25 characters).
- If the technical contact is the same as the RO, enter “SAME” in this space and proceed to Section VIII, leaving questions VII.B-J blank.
- B. **Technical Contact Title:** Enter the title of the technical contact (maximum 25 characters).
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the technical contact (maximum 50 characters). The company or firm name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company or firm.
- D. **Mailing Address:** Enter the technical contact mailing address, including city, state, and ZIP Code (mailing address maximum 50 characters and city maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code rather than the state and ZIP Code.
- E. **Internal Mail Code (Mailing Address):** Enter the internal mail code that is part of the mailing address, if applicable (maximum 10 characters).
- F. **Delivery Address:** Enter the technical contact delivery address required for overnight courier, if different from the technical contact mailing address. Include city, state, and ZIP Code (delivery address maximum 50 characters; city 25 characters). If the delivery address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP Code.
- G. **Internal Mail Code (Delivery Address):** Enter the internal mail code that is part of the delivery address, if applicable (maximum 10 characters).
- H. **Telephone:** Enter the telephone number for the technical contact including area code.
- I. **Fax:** Enter the technical contact fax number with area code.
- J. **E-mail:** Enter the electronic mail address (maximum 30 characters). Leave blank if the electronic mail address is not available or electronic mail is not used.

**VIII. REFERENCE ONLY REQUIREMENTS** *(For reference only.)*

*Certification by the RO pursuant to 30 TAC § 122.165 does not extend to information which is designated on forms as “For reference only.”*

- A. **State Senator:** Enter the name of the state senator representing the area in which the site is located (maximum 25 characters)

(Texas Clean Air Act § 382.0516 requires that the TCEQ send notification of the receipt of a permit application to the state senator for the area in which the site is located. State senator information may be obtained by contacting the State Senate at (512) 463-0100 or the Legislative Reference Library at (512) 463-1252. Information may also be obtained via the Texas Senate Internet site at [www.legis.state.tx.us/](http://www.legis.state.tx.us/).



- B. **State Representative:** Enter the name of the state representative representing the area in which the site is located (maximum 25 characters).

Texas Clean Air Act § 382.0516 requires that the TCEQ send notification of the receipt of a permit application to the state representative for the area in which the site is located. State representative information may be obtained by contacting the House of Representatives at (512) 463-4630 or the Legislative Reference Library at (512) 463-1252. Information may also be obtained via the House of Representatives Internet site at [www.legis.state.tx.us/](http://www.legis.state.tx.us/).

- C. **Has the Applicant Paid Emissions Fees for the Most Recent Agency Fiscal Year?** Enter "YES" if the applicant has paid all emissions fees, or inspection fees, if applicable, due during the most recent agency fiscal year (September 1 - August 31). Otherwise, enter "NO". If the applicant is not required to pay emissions fees, enter "N/A."

If the answer to VIII.C. is "NO" or "NA," the applicant is required to contact the Industrial Emissions Assessment Section at (512) 239-1459. For further information regarding inspection fees and emission fees, please refer to 30 TAC §§ 101.24 and 101.27.

- D. **Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?** Enter "YES" if the site is subject to the bilingual notice requirements pursuant to 30 TAC § 122.322. Otherwise, enter "NO".

The requirements of 30 TAC § 122.322 are applicable when either the elementary school or the middle school located nearest to the facility, or proposed facility, provides a bilingual education program, as required by Texas Education Code § 29.053 and 19 TAC § 89.1205(a) (relating to Required Bilingual Education and English as a Second Language Programs), or if either school has waived out of such a required bilingual education program under the provisions of 19 TAC § 89.1205(g). Schools not governed by the provisions of 19 TAC § 89.1205 should not be considered when determining the applicability of 30 TAC § 122.322 requirements.

Elementary or middle schools that offer English as a second language under 19 TAC § 89.1205(d), and are otherwise not affected by 19 TAC § 89.1205(a), will not trigger the requirements of 30 TAC § 122.322(a).

- E. **Indicate the alternate language(s) in which public notice is required:** If the answer to the previous question is "YES," enter the alternate language(s) for which public notice is required in the space provided.

Each space should only contain one alternate language. Please use a separate page to indicate the alternate languages if additional space is required. If the answer to the previous question is "NO", enter "NONE" in the first space provided and leave the others blank.

Examples:

D.	Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?	YES
E.	Indicate the alternate language(s) in which public notice is required:	Spanish
	Vietnamese	German

D.	Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?	NO
E.	Indicate the alternate language(s) in which public notice is required:	NONE

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## IX. OFF-SITE PERMIT REQUEST *(Optional)*

*Complete this section only if the applicant wishes to maintain the FOP and records at a location other than the site designated in the "Site Information" section of this form.*

- A. **Office/Facility Name:** Enter the name of the office or facility where the FOP and records are to be held (maximum 50 characters).
- B. **Physical Address:** Enter the physical address of the office or facility, including city, state, and ZIP Code (physical address maximum 50 characters; city - maximum 25 characters). The physical address cannot be a Post Office Box.
- C. **Physical Location:** If a physical address does not exist, provide a description of the physical location of the office or facility where the permit is to be held (maximum 50 characters). *(Example: Highway 100, 2 miles west of County Road 12.)* Leave Physical Location blank if there is a Physical Address.
- D. **Contact Name:** Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of a contact person at the office or facility where the FOP and records are to be held *(optional)* (maximum 50 characters).
- E. **Telephone:** Enter the telephone number with area code of the contact person.

## X. APPLICATION AREA INFORMATION

*This section pertains to the application area. If only one application is being submitted (or was submitted) for the entire site, then the following information relates to the site as a whole.*

- A. **Area Name:** Enter the name of the application area (maximum 50 characters). If more than one permit is proposed for the site, the area name should be descriptive enough to provide a clear distinction of the portion of the site covered under this application. *(Examples: "Tank Battery #1", "North Loading Area".)* If there is only one permit proposed for the site, the area name must be the same as the site name in the "Site Information" section of this form. Note that the area may refer to a subset of units at the site to be covered by an application; it need not refer to a distinct physical area. This name will eventually be used as the name for the permit.
- B. **Physical Address:** Enter the physical address of the application area, including city, state, and ZIP Code (delivery address maximum 50 characters; city - maximum 25 characters).  
  
If there is a Physical Address, **skip** X.C-F below.
- C. **Physical Location:** If a physical address does not exist, provide a description of the physical location of the application area (maximum 50 characters). *(Example: Highway 100, 2 miles west of County Road 12.)*
- D. **Nearest City:** Enter the name of the city or municipality nearest to the application area, or in which the application area is located (maximum 25 characters).
- E. **State:** Enter the state in which the nearest city is located.



- F. **ZIP Code:** Enter the ZIP Code of the application area. *(This is used for location purposes and must be provided even if the facility does not receive mail delivery.)*
- G. **Latitude:** Enter the latitude coordinate for the application area (DDD:MM:SS). Latitude indicates the angular distance (in degrees) of a location north of the equator and will always be between 25 and 37 degrees in Texas. Coordinates of the area must be shown to the nearest second and can be obtained from most city engineers, U.S. Geological Survey (USGS) maps, or from county maps prepared by the Texas Department of Transportation (TxDOT).
- H. **Longitude:** Enter the longitude coordinate for the application area (DDD:MM:SS). Longitude indicates the angular distance (in degrees) of a location west of the prime meridian and will always be between 93 and 107 degrees in Texas. Coordinates of the area must be shown to the nearest second and can be obtained from most city engineers, USGS maps, or from county maps prepared by the TxDOT.
- I. **Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal?** Enter “YES” if there are one or more emission units in the application area that are out of compliance. “Out of compliance” means a situation in which an emission unit or an operating condition *may* not be in compliance with one or more applicable requirements. Information on these units will be forwarded to the appropriate regional office. Title 30 TAC Chapter 122 requires that a description of the compliance status for all emission units be provided in a full application. Additional compliance information for full applications is provided on Form OP-ACPS (Application Compliance Plan and Schedule). If all emission units in the application area are believed to be in compliance, enter “NO”.
- J. **Estimated number of emission units in application area:** Enter an estimated number of emission units in the application area with potentially applicable requirements. Do not include emission units that will only be addressed on Form OP-REQ1 (Application Area-wide Applicability Determinations and General Information).
- K. **Are there any emission units in the application area subject to the Acid Rain Program and/or CAIR?** Enter “YES” if any emission units in the application area are subject to the Acid Rain Program (ARP), including the Opt-in Program, and/or CAIR. Otherwise, enter “NO”.

*If the response to this question is “YES,” submit the appropriate forms for an acid rain permit and/or CAIR, if not already submitted. Applications for acid rain permits for opt-in sources to the ARP shall be submitted in accordance with 40 CFR Part 74.*

The Opt-in Program allows stationary combustion sources not required to participate in the ARP the opportunity to enter the program on a voluntary basis, reduce their sulfur dioxide (SO<sub>2</sub>) emissions, and receive their own acid rain allowances. Combustion sources are defined as fossil fuel-fired boilers, turbines, or internal combustion engines. An opt-in source must comply with the same or similar provisions as utility units affected under the mandatory ARP. These provisions relate to allowance trading, permitting, excess emissions, monitoring, end-of-year compliance and enforcement. Most basic to the program is the requirement that each year the opt-in source must hold enough allowances to cover its annual SO<sub>2</sub> emissions. For additional information, please refer to 40 CFR Part 74.

**XI. PUBLIC NOTICE**

*Complete this section for SOP Applications (initial, renewal, and significant revision) and Acid Rain Permit Applications only.*

- A. **Name of public place to view application and draft permit:** Enter the name of the public place where the application and draft permit will be available for review and copying by the public throughout the public notice period.

The public place must be publicly owned or operated, such as a library, courthouse, or city hall, and must be located in the same county as the site. The TCEQ Regional Office may be used as the public place if it is located in the same county as the site.

- B. **Physical Address:** Enter the public place physical address, including city and ZIP Code (physical address maximum 50 characters; city maximum 25 characters).
- C. **Contact Person:** Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the contact person who will answer questions from the public during the Public Notice Period (Last Name, First Name, MI; maximum 25 characters). This information will be published in the newspaper notice.
- D. **Contact Mailing Address:** Enter the mailing address of the contact person, including city, state, and ZIP Code (address - maximum 50 characters; city - maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP Code.
- E. **Internal Mail Code (Mailing Address):** Enter the internal mail code that is part of the mailing address of the contact person, if applicable (maximum 10 characters).
- F. **Telephone:** Enter the telephone number with area code of the contact person (optional). This information will be published in the newspaper notice.

**XII. DELINQUENT FEES AND PENALTIES**

*Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol." For more information regarding Delinquent Fees and Penalties, go to the TCEQ Web site at [www.tceq.state.tx.us/agency/delin/index.html](http://www.tceq.state.tx.us/agency/delin/index.html).*

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**Complete Sections XIII and XIV for Acid Rain Permit and CAIR Permit applications only. Please include a copy of the Certificate of Representation submitted to EPA.**

**XIII. DESIGNATED REPRESENTATIVE (DR) IDENTIFYING INFORMATION**

- A. **DR Name:** Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the DR pursuant to 30 TAC § 122.165 (Last Name, First Name, MI; maximum 25 characters).
- B. **DR Title:** Enter the title of the DR (maximum 25 characters).

- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the DR (maximum 50 characters). The company or firm name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company or firm.
- D. **Mailing Address:** Enter the DR mailing address, including city, state, and ZIP Code (mailing address maximum 50 characters and city maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP Code.
- E. **Internal Mail Code:** Enter the internal mail code that is part of the mailing address, if applicable (maximum 10 characters).
- F. **Telephone:** Enter the DR telephone number with area code.
- G. **Fax:** Enter the DR fax number with area code.
- H. **E-mail:** Enter the electronic mail address for the DR (maximum 30 characters). Leave blank if the electronic mail address is not available or electronic mail is not used.

#### XIV. ALTERNATE DESIGNATED REPRESENTATIVE (ADR) IDENTIFYING INFORMATION

- A. **ADR Name:** Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the ADR pursuant to 30 TAC § 122.165 (Last Name, First Name, MI; maximum 25 characters). If there is no ADR, leave this section blank.
- B. **ADR Title:** Enter the title of the ADR (maximum 25 characters).
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the ADR (maximum 50 characters). The company or firm name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company or firm.
- D. **Mailing Address:** Enter the ADR mailing address, including city, state, and ZIP Code (mailing address maximum 50 characters and city maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP Code.
- E. **Internal Mail Code:** Enter the internal mail code that is part of the mailing address, if applicable (maximum 10 characters).
- F. **Telephone:** Enter the ADR telephone number with area code.
- G. **Fax:** Enter the ADR fax number with area code.
- H. **E-mail:** Enter the electronic mail address for the ADR (maximum 30 characters). Leave blank if the electronic mail address is not available or electronic mail is not used.



**Texas Commission on Environmental Quality  
Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 1)**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250. Address written inquiries to the Texas Commission on Environmental Quality, Office of Permitting and Registration, Air Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

<b>I. COMPANY IDENTIFYING INFORMATION</b>													
<b>A.</b>		Company Name: General Motors LLC											
<b>B.</b>		Customer Reference Number (CN): CN600132187											
<b>C.</b>		Submittal Date (mm/dd/yyyy): 7/26/11											
<b>II. SITE INFORMATION</b>													
<b>A.</b>		Site Name: General Motors Arlington Assembly Plant											
<b>B.</b>		Regulated Entity Reference Number (RN): RN102505963											
<b>C.</b>		Primary Account Number for Site: TA-0157-I											
<b>D.</b>		Indicate affected state(s) required to review permit application: <i>(Place an "X" in the appropriate box[es].)</i>											
AR		CO		KS		LA		NM		OK		N/A	X
<b>E.</b>		Indicate all pollutants for which the site is a major source based on the site's potential to emit:											
<b>Pollutant</b>		<b>VOC</b>	<b>NO<sub>x</sub></b>	<b>SO<sub>2</sub></b>	<b>PM<sub>10</sub></b>	<b>CO</b>	<b>Pb</b>	<b>HAPS</b>	<b>Other</b>				
<b>Major at the Site (YES/NO):</b>		X						X					
<b>F.</b> Is the source a non-major source subject to the Federal Operating Permit Program?											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>G.</b> Is the site within a local program area jurisdiction?											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>H.</b> Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63?											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>I.</b> Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:													
<b>III. PERMIT TYPE</b>													
<b>A.</b>		Type of Permit Requested: <i>(Select only <u>one</u> response and place an "X" in the box.)</i>											
Site Operating Permit (SOP)		X	Temporary Operating Permit (TOP)			General Operating Permit (GOP)							
<b>IV. INITIAL APPLICATION INFORMATION</b> <i>(Complete for Initial Issuance Applications <u>only</u>.)</i>													
<b>A.</b> Is this submittal an abbreviated or a full application?											<input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Full		
<b>B.</b> If this is a full application, is the submittal a follow-up to an abbreviated application?											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>C.</b> If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain/CAIR permit?											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>D.</b> Has a copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		



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<b>V. CONFIDENTIAL INFORMATION</b>		
A. Is confidential information submitted in conjunction with this application?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VI. RESPONSIBLE OFFICIAL (RO)</b>		
A. RO Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Paul D. Graham		
B. RO Title: Plant Manager		
C. Employer Name: General Motors		
D. Mailing Address: 2525 East Abram Street		
City: Arlington	State: TX	ZIP Code: 76010
Territory:	Country:	Foreign Postal Code:
E. Internal Mail Code:		F. Telephone: 817-652-2222
G. Fax:		H. E-mail: paul.d.graham@gm.com
<b>VII. TECHNICAL CONTACT IDENTIFYING INFORMATION</b> <i>(Complete if different from RO.)</i>		
A. Technical Contact Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Chris Boehle		
B. Technical Contact Title: Sr. Environmental Engineer		
C. Employer Name: General Motors		
D. Mailing Address: 2525 East Abram Street		
City: Arlington	State: TX	ZIP Code: 76010
Territory:	Country:	Foreign Postal Code:
E. Internal Mail Code:		
F. Delivery Address: SAME		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
G. Internal Mail Code:		H. Telephone: 817-652-2453
I. Fax: 817-652-2336		J. E-mail: chris.boehle@gm.com
<b>VIII. REFERENCE ONLY REQUIREMENTS</b> <i>(For reference only.)</i>		
A. State Senator: Chris Harris		
B. State Representative: Joe Barton		
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
E. Indicate the alternate language(s) in which public notice is required:		Spanish



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<b>IX. OFF-SITE PERMIT REQUEST</b> (Optional for applicants requesting to hold the FOP and records at an off-site location.)		
A. Office/Facility Name:		
B. Physical Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
C. Physical Location:		
D. Contact Name: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
E. Telephone:		
<b>X. APPLICATION AREA INFORMATION</b>		
A. Area Name: General Motors Arlington Assembly Plant		
B. Physical Address: 2525 East Abram Street		
City: Arlington	State: TX	ZIP Code: 76010
C. Physical Location:		
D. Nearest City: Arlington		
E. State: Texas	F. ZIP Code: 76010	
G. Latitude (nearest second): 32 44' 56"	H. Longitude (nearest second): 097 04' 19"	
I. Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
J. Indicate the estimated number of emission units in the application area:	10	
K. Are there any emission units in the application area subject to the Acid Rain Program and/or CAIR?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>XI. PUBLIC NOTICE</b> (Complete this section for SOP Applications and Acid Rain Permit Applications <u>only</u> .)		
A. Name of public place to view application and draft permit: TCEQ Dallas/Ft. Worth Regional Office		
B. Physical Address: 2309 Gravel Drive		
City: Fort Worth	ZIP Code: 76118	
C. Contact Person (Someone who will answer questions from the public, during the public notice period):		
( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Chris Boehle		
D. Contact Mailing Address: 2525 E Abram St		
City: Arlington	State: TX	ZIP Code: 76010
Territory:	Country:	Foreign Postal Code:
E. Internal Mail Code:	F. Telephone: (817) 652-2453	
<b>XII. DELINQUENT FEES AND PENALTIES</b>		
<b>Notice:</b> This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of Attorney General on behalf of the TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."		



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**Complete Sections XIII and XIV for Acid Rain Permit and CAIR Permit applications only. Please include a copy of the Certificate of Representation submitted to EPA.**

**XIII. DESIGNATED REPRESENTATIVE (DR) IDENTIFYING INFORMATION**

<b>A.</b> DR Name: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
<b>B.</b> DR Title:		
<b>C.</b> Employer Name:		
<b>D.</b> Mailing Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
<b>E.</b> Internal Mail Code:		<b>F.</b> Telephone:
<b>G.</b> Fax:		<b>H.</b> E-mail:

**XIV. ALTERNATE DESIGNATED REPRESENTATIVE (ADR) IDENTIFYING INFORMATION**

<b>A.</b> ADR Name: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
<b>B.</b> ADR Title:		
<b>C.</b> Employer Name:		
<b>D.</b> Mailing Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
<b>E.</b> Internal Mail Code:		<b>F.</b> Telephone:
<b>G.</b> Fax:		<b>H.</b> E-mail: